

INSTALLER'S/OWNER'S DECLARATION FOR ELECTROMAGNETIC LOCKING DEVICES

Installed At _____ Building Permit No. _____

Location(s) Within Building _____

1. Does the building have a fire Alarm System complying with Subsection 3.2.4 of the 2012 Ontario Building Code or otherwise acceptable to the Fire Chief?
2. (a) Does the device release:
 - i) Immediately upon activation of the fire alarm system?
 - ii) In the event of power failure?
 - iii) In the event of a ground fault of the high voltage supply?
 - iv) Upon activation of a manually operated switch accessible only to authorized personnel controlling all locking devices in the building?
 (b) Does the manually operated switch in 2(a)(iv) reactivate the locking device?
3. Is a manually activated signally box for the fire alarm system located on the wall within 600mm of the door?
4. Is there a legible sign having the word "EMERGENCY EXIT UNLOCKED BY FIRE ALARM" permanently mounted on the exit door and the lettering on the sign At least 25mm high with a 5mm stroke?

The undersigned hereby acknowledges that the electromagnetic locking device will be installed at the location(s) noted above and on the attached drawings and will meet all of the requirements and provisions of the 2012 Ontario Building Code Sentences 3.4.6.16.(4),(5),(6),(7),(8) and 3.4.6.18.(2) & (3) as applicable. The fire alarm system is required to be tested in accordance with CAN/ULC-S537 as per OBC 3.2.4.5.(2). A third party verification report for the testing of the fire alarm system must be submitted.

Installer's Name _____ Company Name _____

Company Address _____ Telephone No. _____

Signature _____ Date _____

The undersigned hereby certifies that the manually operated switch noted in sentence 3 above will be accessible only to authorized personnel and the operation of these devices will be part of the approved FIRE SAFETY PLAN for the building. Fire Safety Plan to be prepared, approved and implemented as per Div. B – Section 2.8 of the 2007 Fire Code, O.Reg. 213/07, as amended.

Name of Building Owner or Owner's Representative _____ Position _____

Address _____ Telephone No. _____

Signature _____ Date _____

Personal information on this form is collected under the legal authority of the Municipal Act, 2001, S.O. 2001, c. 25 and the Building Code Act, S.O. 1992, c. 23. This information will be used to process the Permit Application and in the administration and enforcement of the previously noted statutes. As a public record, information contained on this application and the documents required to issue a building permit may be disclosed to any individual under the Municipal Freedom of Information and Protection of Privacy Act. Questions about this collection should be directed to the Manager of Customer and Administrative Services, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1 (905) 832-8510.